

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CM00620P
Application Number	09/830,306	Filed 04-25-2001
For	MITIGATING ERRORS IN A DISTRIBUTED SPEECH RECOGNITION PROCESS	
Group Art Unit	2655	Examiner WOZNIAK, JAMES S.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 450.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1020.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1590.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2160.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117 Motorola, Inc.	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	applicant/inventor	
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	attorney or agent of record. Registration No.:	39,135
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34	
	Registration number if acting under 37 CFR 1.34	39,135
<u>June 1, 2006</u>		<u>Lawrence J. Chapa</u>
Date		Signature
<u>847-523-0340</u>		<u>Lawrence J. Chapa</u>
Attorney Phone Number		Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> form(s) are submitted	

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